

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/587607

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4			1			
5						
6			1			
7					1	
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49						
50						
TOTAL IND.			4			
TOTAL DEP.		←	10	←	←	
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	
TOTAL CLAIMS					←	←